

Ventura County Grand Jury 2008 - 2009



Final Report

Mentally Ill Housed in Ventura County Jails

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Mentally Ill Housed In Ventura County Jails

"Collaborative justice courts, focusing on less serious drug offenses, mental health, domestic violence, and juvenile matters, have been remarkably successful at turning around lives...They change the offender for the better..."

-Ronald M. George

Chief Justice California State Supreme Court

Summary

It is well documented that the nation's jails and prisons have become, in effect, the nation's largest psychiatric hospitals. Additionally, the State of California faces a serious and growing overcrowding crisis in the jails and prisons.

The 2008-2009 Ventura County Grand Jury (Grand Jury) chose to investigate incarceration of the mentally ill in the Ventura County (County) Jails to determine whether there are more humane and cost-effective methods of housing these individuals.

The Grand Jury found that collaborative justice courts, such as a Mental Health Court (MHC), are cost effective, in terms of reduced jail bed days and an overall reduction in the rate of recidivism.

The Grand Jury found that the County has the basic framework of a MHC with the current Multi-Agency Referral and Recovery Team (MARRT) Program.

The MARRT Team should be applauded for their respective efforts to make the program as successful as it has been to date. However, there is much more that could and should be done to improve conditions of the mentally ill who have become involved in the criminal justice system.

The Grand Jury recommends that the County formalize the current MARRT program into a permanent MHC with the necessary funding and assignment of full time personnel from each of the collaborative agencies.

The Grand Jury further recommends that the County ensure that there is sufficient and suitable housing necessary to support an effective MHC system.

Until such time that these actions are taken, those mentally ill, nonviolent offenders who lack the necessary support system will continue to cycle through the County jails and back onto the streets.

Background

The American Psychiatric Association (APA) defines mental illness as a ". . . clinically significant behavioral or psychological syndrome or pattern that occurs in an individual and that is associated with present distress (e.g., a painful symptom), or disability (i.e., impairment in one or more important areas of functioning), or with a significantly increased risk of suffering death, pain, disability, or an important loss of freedom."

National Alliance on Mental Illness (NAMI), an advocacy group for the mentally ill, further describes mental illnesses as “biologically-based” brain disorders that cannot be overcome through “willpower” and are not related to a person’s “character” or intelligence.

The Grand Jury chose to investigate the incarceration of the mentally ill in County Jails to determine whether there are more humane and cost-effective methods of housing and caring for these individuals. For the purpose of this report, the Grand Jury focused primarily on people who are suffering from severe and persistent mental illnesses.

The Lanterman/Petris/Short Act, passed by the California Legislature in 1968, had an enormous impact on housing for mentally ill adults. As a result of this law, California lost tens of thousands of hospital placements for the mentally ill. The responsibility for housing the mentally ill was transferred from the State to each county. The Welfare and Institutions Code § 5670 states: [Ref-01]

“(a) It is the intent of the Legislature to encourage the development of a system of residential treatment programs in every county which provides a range of alternatives to institutional care based on the principles of residential, community-based treatment.

(b) It is further the intent of the Legislature that community residential mental health programs in the State of California be developed in accordance with the guidelines and principles set forth in this chapter. To this end, counties may implement the community residential treatment system described in this chapter either with available county allocations, or as new money becomes available.”

Between the years 1960 and 1980, the numbers of patients housed in state institutions fell from 560,000 to less than 100,000 country-wide. This exodus from these institutions was called “de-institutionalization.”

As stated on the California Courts website, “Crises in community mental health care and the long-term effects of de-institutionalization, the drug epidemic of the 1980s and 1990s, the dramatic increase in homelessness over the last two decades, and widespread jail overcrowding have all led to an increase in Mental Health Courts.” [Ref-02]

Since 1984, California county jail populations nearly doubled, from 43,000 to 80,000 inmates, while those incarcerated with serious mental illness increased from 3% to a range of 11%-15%.

Methodology

The Grand Jury received briefings, specifically regarding mental illness, from the following agencies and organizations:

- Ventura County Health Care Agency (HCA)
- Ventura County Behavioral Health Department (BHD)
- Ventura County Sheriff’s Department (VCSD)
- Ventura County District Attorney (DA)

- Ventura County Public Defender (PD)
- Ventura County Probation Agency (Probation)
- NAMI Ventura County

The Grand Jury visited the following:

- Ventura County Pre-trial Detention Facility (Main Jail)
- Ventura County Todd Road Facility (Todd Road)
- Ventura County Medical Center Psychiatric Unit at Hillmont Psychiatric Center
- County Mental Health Clinics in Oxnard and Santa Paula
- Casa de Esperanza (a County social rehabilitation facility)
- San Bernardino County Mental Health Court
- West Valley Detention Center, Rancho Cucamonga, CA
- Supervised Treatment After Release, Colton, CA
- Multi-Agency Referral and Recovery Team (MARRT) session
- Ventura County Juvenile Mental Health Court (*Solutions Court*)

Several members of the Grand Jury attended a two day NAMI Seminar titled "Court Education Programs on Mental Illness." The Grand Jury reviewed information provided by Santa Clara and San Bernardino counties regarding their respective MHCs. Additionally, the Grand Jury reviewed extensive information available on the internet.

Findings

- F-01.** *Recidivism* (also commonly known as the *revolving door* or *recycling*) is defined as the tendency to relapse into a former pattern of behavior; specifically, returning to criminal habits.
- F-02.** The Camarillo State Mental Hospital phased out its services and eventually closed in 1997.
- F-03.** In a National Public Radio broadcast, Renee Montagne stated, "The largest mental institution in the country is actually a wing of a county jail. Known as Twin Towers, because of the design, the facility houses 1,400 mentally ill patients in one of its two identical hulking structures in downtown Los Angeles." [Ref-03]
- F-04.** In the August 14, 2008 edition of the Los Angeles Times, Los Angeles County Sheriff Lee Baca stated:
- "They're here, and they're going to be cared for, but is this what we want in the way of a policy? Are we saying the legal system is the solution for the mentally ill in L.A. County? I don't think so. I'm saying criminals belong in jail, not the mentally ill."

- F-05.** Collaborative justice courts, also known as problem-solving courts, attempt to promote accountability by combining judicial supervision with rehabilitation services that are rigorously monitored and focused on recovery. [Ref-04]
- F-06.** Collaborative justice courts are distinguished by the following elements: a problem-solving focus, a team approach to decision making, integration of social and treatment services, judicial supervision of the treatment process, community outreach, direct interaction between defendant and judge, and a proactive role for the judge inside and outside the courtroom. [Ref-04]
- F-07.** MHCs, a type of collaborative justice court, focus on treatment to restore health and reduce criminal activity. They strive to provide mentally ill offenders with better access to treatment, consistent supervision, and support to reconnect with their families. [Ref-04]
- F-08.** The common elements in MHCs are:
[Ref-02]
- participation in a mental health court is voluntary
 - each jurisdiction accepts only persons with demonstrable mental illnesses who have become involved in the criminal justice system
 - the key objective of a MHC is to either prevent the jailing of mentally ill offenders or to secure their release from jail for appropriate community services
 - public safety is a high priority, and mentally ill offenders are carefully screened for appropriate inclusion in the program
 - early intervention is essential, with screening and referral occurring either immediately after arrest or up to a maximum of three weeks after arrest
 - a multidisciplinary team approach is used, with the involvement of justice system representatives, mental health providers, and other support systems
 - intensive case management includes supervision of participants, with a focus on accountability and monitoring of each participant's performance
 - the judge is the center of the treatment and supervision process
- F-09.** The stated goal of a MHC is to:
[Ref-05]
- decrease the frequency of clients' contact with the criminal justice system
 - provide courts with resources to improve clients social functioning
 - link clients to employment, housing, treatment, and support services

F-10. There are two major concepts underlying the essential elements in any MHC:
[Ref-06]

- *Collaboration* among the criminal justice, mental health, substance abuse treatment, and related systems is important
- *MHCs are not a panacea* - reversing the overrepresentation of people with mental illness in the criminal justice system requires a comprehensive strategy of which mental health courts should be just one part

F-11. More than 175 counties in the United States, including 43 of the 58 counties in California, have a MHC.

F-12. Santa Clara and San Bernardino Counties are two of the earliest examples of MHCs in California, having begun in the late 1990s.

F-13. The stated vision of both counties was to bring together the Court, Criminal Justice System, Mental Health System, Drug and Alcohol System, and community treatment to reach mentally ill defendants and to release them from jail into community treatment, consistent with public safety.

F-14. In order to graduate from these programs, each participant must remain sober and drug-free, complete a treatment plan, maintain medication, and continue treatment compliance.

F-15. Officials in both counties stated that a major obstacle has been the availability of sufficient types and numbers of suitable housing facilities.

F-16. The average number of participants currently served by these MHCs is:

County	Participants
Santa Clara	150
San Bernardino	125

F-17. The number of graduates from the two programs are:

County	Period	Graduates
Santa Clara	1999-2009	1,100
San Bernardino	1999-2009	623

F-18. These graduates have avoided jail bed days with the following cost savings:

County	Period	No. jail bed day	\$ Savings
Santa Clara	1/05–6/06	31,315	\$2,175,453
San Bernardino	1/06-12/06	10,316	\$ 576,571

F-19. The Council on Mentally Ill Offenders designated The San Bernardino County, Supervised Treatment After Release Program to receive the 2009 Best Practices Award. They stated “. . . the program has been in

operation for ten years and has effectively reduced recidivism for incarceration, shifted the demand for services to the mental health system and provided significant benefits for consumers in terms of deinstitutionalization." [Ref-07]

- F-20.** San Bernardino County utilizes the following types of housing in support of the individuals in the program:

Type of Facility	Characteristic	Cost /Day
Board and Care	Licensed to dispense medications	\$ 32
Room and Board	Housing/meals	\$ 22
Sober Living	Housing only	\$ 18

- F-21.** In most cases, the cost of housing is paid for by Supplemental Security Income (SSI) and not borne by the County.

- F-22.** In October 2008 the Ventura County jails housed approximately 1,680 inmates:

Facility	No. Inmates
Main Jail	822
Todd Road	833
East Valley Jail	25

- F-23.** Approximately 10%-14% of the County inmate population is diagnosed with mental illness.

- F-24.** The total capacity of the County jails is:

Facility	Rated ¹	Overflow ²	Total
Main Jail	793	108	901
Todd Road	782	98	880
East Valley	35	N/A	35
Total	1,610	206	1,816

- F-25.** The average daily cost of incarceration per inmate, according to the VCSD is:

Facility	Cost per Day
Main Jail	\$153.00
Todd Road	\$115.00

¹Rated Capacity means the number of inmate occupants for which a facility's single and double occupancy cells or dormitories, except those dedicated for health care or disciplinary isolation housing, were planned and designed in conformity to the standards and requirements in Title 15, California Code of Regulations.

²Overflow beds are bunk beds placed in dayrooms of housing sections during overcrowded conditions. The majority of these beds are normally occupied and one cell remains open to give inmates housed in the dayrooms access to a toilet.

- F-26.** The Crisis Intervention Team (CIT) program was implemented in the County in 2001 through the efforts of the BHD and several local police agencies. It was a direct result of a number of shootings involving mentally ill individuals, which occurred in the late 1990s.
- F-27.** The published goals for the CIT are:
[Ref-08]
- reduce the necessity for the use-of-force
 - de-escalate crisis situations
 - reduce the use of jail
 - decrease recidivism
 - increase lawful self-reliance and health enhancing behaviors
- F-28.** MARRT was federally funded by a Mentally Ill Offender Crime Reduction Program (MIOCOR) Grant which began on April 1, 2007:
- the intent was to encourage seriously mentally ill offenders who are not currently involved in mental health treatment to agree to receive needed treatment
 - the MARRT Team includes members from the Court, VCSD, DA's Office, PD's Office, Probation and BHD
 - with the exception of BHD, the Judge and other team members are assigned on a rotating basis
 - average client participation is approximately 20
- F-29.** Although the funding for MARRT ceased in September 2008 after eighteen months, the MARRT Team agencies determined the program to be a success and decided to continue participation utilizing their respective general funds.
- F-30.** The results of the MARRT client screening process are:
- 203 were reviewed for eligibility
 - 136 were found to be eligible and then evaluated for suitability
 - 76 were found to be suitable
 - 59 agreed to enter the program
 - 14 have graduated to voluntary mental health services
- F-31.** The BHD has identified a shortfall in appropriate housing for very low-income individuals who have serious mental illness. (Att-01)
- F-32.** In a December 2008 article titled, *The Mentally Ill in Our Jails*, County Supervisor Linda Parks states:
(Att-02)
- county jails are overcrowded
 - there are approximately 200 mentally ill people, with females outnumbering the males by more than 2 to 1

- common offenses for these people are: public intoxication, trespassing, substance abuse, and theft
- those incarcerated lose their Medi-Cal and SSI benefits
- keeping people in jail is expensive

F-33. Supervisor Parks closes by stating, "Now is also the time to look at programs to provide treatment for the mentally ill with the same goal of helping them to re-enter society as productive citizens." (Att-02)

Conclusions

- C-01.** MHCs have proven to be successful in the United States, specifically in California over the past ten years. (F-16, through F-19)
- C-02.** To be effective, MHCs require intensive collaboration among judges, prosecutors, defense attorneys, probation, and behavioral health. (F-06, F-07, F-08, F-10, F-13)
- C-03.** The use of MHCs reduces recidivism, thereby lowering the overall cost of multiple incarcerations. (F-19)
- C-04.** The cost to the County of diverting individuals to alternate mental health treatment facilities is lower than the cost of incarceration in County jails. (F-20, F-21, F-25)
- C-05.** The MARRT Program has some of the same features and goals as a MHC. (F-28)
- C-06.** MARRT Team agencies are supportive of the MARRT Program. (F-29, F-30)
- C-07.** The success of the MARRT Program has been demonstrated; it could be expanded with commitment of more resources to accommodate additional clients. (F-29, F-30, F-33)
- C-08.** The funding for MARRT is tenuous, since it is currently based on the generosity of each individual team member agency. (F-29)
- C-09.** Assigning team members on a rotational basis may diminish the effectiveness of the program. (F-28)
- C-10.** The County has a shortage of appropriate housing for those who have serious mental illness, especially those who are of very low income, are homeless, or are at risk of homelessness. (F-31)

Recommendations

- R-01.** Ventura County should formalize the current MARRT program into a permanent Mental Health Court with the necessary funding and assignment of full-time personnel from each of the collaborative departments. (C-01 through C-10)

- R-02.** Ventura County should ensure that there is sufficient and suitable housing necessary to support an effective Mental Health Court system.
(C-10)

Responses

*(Using the table below is optional. If it is not used, then, as applicable, list each agency that is **required** to respond and, the recommendation number(s) for each and in a separate list, list each agency that is **requested** to respond and the recommendation number(s).*

Responses Required From:

Board of Supervisors, County of Ventura (R-01, R-02)
District Attorney, County of Ventura (R-01)
Sheriff, County of Ventura (R-01)

Responses Requested From:

Probation Agency, County of Ventura (R-01)
Health Care Agency, County of Ventura (R-01, R-02)
Public Defender, County of Ventura (R-01)

Responses Accepted From:

National Alliance on Mental Illness, Ventura County

Commendations

The Grand Jury commends the staff and management of the Behavioral Health Department, part of the County Health Care Agency, for their professional dedication and excellent performance in caring for the mentally ill residents of Ventura County. Their assistance and cooperation throughout this investigation proved invaluable.

The Grand Jury thanks and commends the San Bernardino County Mental Health Court collaborative team for providing invaluable and comprehensive insight into their Mental Health Court System. The Grand Jury acknowledges their cooperation and willingness to share their vast experience, success stories, and challenges concerning this very important issue.

The Grand Jury thanks the mental health staff at the Sheltered Housing Units for the Mentally Ill at the West Valley Detention Center in Rancho Cucamonga for their briefing and tour of their facility.

References

- Ref-01.** *Inside the Nation's Largest Mental Institution*, by Renee Montagne, dated August 14, 2008

<http://www.npr.org/templates/story/story.php?storyId=93581736>

- Ref-02.** Fact Sheet issued by the California Collaborative Justice Courts Advisory Committee, November 2005

<http://www.courtinfo.ca.gov/reference/documents/factsheets/collab.pdf>

- Ref-03.** California Courts Programs website
<http://www.courtinfo.ca.gov/programs/>
- Ref-04.** *What is Collaborative Justice?*, California Courts Programs website
<http://www.courtinfo.ca.gov/programs/collab/>
- Ref-05.** California Mental Health Court website
<http://www.courtinfo.ca.gov/programs/collab/mental.htm>

Attachments

- Att-01.** Fact Sheet, *BHD Five-Year Strategic Housing Plan*
- Att-02.** Article by Ventura County Supervisor Linda Parks, *The Mentally Ill in Our Jails*, December 2008

Attachment–01

Fact Sheet, *BHD Five-Year Strategic Housing Plan*

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BHD Five-Year Strategic Housing Plan

The Ventura County Behavioral Health Department Strategic Housing Plan, developed through an extensive stakeholder process, established the goals and strategies to significantly expand decent, safe and affordable housing for residents of very low-income with serious mental illness, including those who are homeless or at risk of homelessness.

Permanent Housing with Supportive Services

Residents have a lease, pay rent and choose roommates, if desired. Tenant-landlord law applies and the housing is permanent as long as the resident pays rent and complies with lease terms. Services offered are flexible and responsive to the individual's needs and the resident has voluntary acceptance of supportive services.

Identified Need	Inventory	In Process	Gap
350	126	15	209

Transitional Housing

Support services are integrated with housing. On-site staff provides residents with support services in recovery, helping them regain health and practice life skills to prepare for more independent living. Transitional housing law applies, and the length of stay is generally limited to two years.

Identified Need	Inventory	In Process	Gap
30	8	0	22

Adult Residential Facilities [ARF] (Board and Care)

Privately-owned and operated, these licensed facilities provide room, board, 24-hour non-medical care and supervision in a home-like environment. Residents typically share a room. Some elements of landlord-tenant law apply and the length of stay varies. Adult Residential Facilities serve disabled adults ages 18-59 and Residential Care Facilities for the elderly serve disabled adults over the age of 60.

Identified Need	Inventory	In Process	Gap
260	317	18	none

Emergency Shelter (Including Safe Haven Program)

Not housing per se, emergency shelter may be site-specific or include motel vouchers for short-term stays. Length of stay, operating hours and access to premises are generally limited, and on-site staff may include community volunteers. Typically, there is no rental agreement, no rent charged and services vary.

Identified Need	Inventory	In Process	Gap
24	10	0	14

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Attachment 02

**Article by Ventura County Supervisor Linda Parks,
The Mentally Ill in Our Jails, December 2008**

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THE MENTALLY ILL IN OUR JAILS

by Ventura County Supervisor Linda Parks, December 2008

State prisons and county jails are over-crowded. In Ventura County our jails are over capacity by roughly 200 inmates at any given time. There are several factors that contribute to this over-crowding. One factor is court delays which have resulted in the majority of the jail population awaiting sentencing. Additional factors include the District Attorney's policy not to plea bargain, and the three strikes law, both of which have put more criminals behind bars.

Included in the jail population are approximately 200 mentally ill people. Of the 200, females outnumber males by more than 2 to 1. Sheriff Bob Brooks has referred to our County jail as the biggest behavioral health program in the county. Unfortunately, this is true. The jails in Ventura County house more mentally ill people than our hospitals and residential treatment facilities combined.

Common offenses of people with mental illness are public intoxication, trespassing, substance abuse, and theft. Many of these individuals have a drug or alcohol addiction, in addition to a mental illness. This is called a co-occurring disorder and afflicts many people with mental illness.

Jail can be a stressful environment, especially for the mentally ill who can become more ill when scared or threatened. The use of medications to stabilize them in jail may or may not be the same medication prescribed by their personal physicians. Due to confidentiality of medical records it is difficult to coordinate the flow of this kind of information with personal physicians, and after all, jail is not a treatment center. Jail is however, a bit of a revolving door with many inmates serving their time, being released, and then returning to jail again. This is especially true for mentally ill inmates.

Keeping people in jail is expensive. It will cost the County over \$30 million a year to expand the Todd Road Jail, yet there is no doubt that we need to alleviate the over-crowding. Currently it costs \$114 a day to house an inmate at the Todd Road Jail and \$154 a day to hold them at the Pre-Trial Detention Facility. This is more than the cost to go to Harvard.

One little known fact is that people who are incarcerated lose their MediCal and SSI benefits, and some health insurance companies cancel the policies of those who are convicted. Lack of insurance can prevent mentally ill inmates from getting their medication once they're released from prison. This contributes to their higher rates of jail recidivism.

At a time when the Ventura County Board of Supervisors is looking at options for increasing the size of the Todd Road Jail to relieve over-crowding, we need to also look at how to break the cycle that leads so many people back to jail. Re-entry programs are now being considered to help State prisoners re-enter society. Now is also the time to look at programs to provide treatment for the mentally ill with the same goal of helping them to re-enter society as productive citizens.

Disclaimers

This report of the “Mentally Ill Housed in Ventura County Jails” is issued by the 2008-2009 Ventura County Grand Jury. A member of this Grand Jury, because of a potential conflict of interest, was excused from participating in the generation of this report. This report is based on information obtained from outside sources with none of the information being obtained from the excused Grand Juror.